

Request Drive Records Contract Application

Use this form to apply for access to the Department of Licensing (DOL) Abstract Driver Record (ADR) database. We will only release personal, identifying information to you, as allowed by Washington State and federal laws, to complete work in the normal course of your business. **All applicants must have a Washington State business license.**

Send this completed form to: **Programs & Services – Contracts MS: 48111, Department of Licensing, PO Box 9030, Olympia, WA 98507.** For additional information, email us at PSDCPCONTRACTS@dol.wa.gov.

We are committed to protecting personal information. There is no guarantee you will be provided the information. We release information in accordance with the federal Driver Privacy Protection Act (DPPA) and Washington State laws. The DPPA restricts redisclosure of personal information obtained from vehicle records. An authorized recipient may only redisclose information for a permitted use.

Please check one:

☐ Commercial data broker ☐ Other _____

Contractor/Business information

TYPE or PRINT Business name		WA Uniform Business Identifier (UBI)
Contact name		Taxpayer identification number* (see note below)
(Area code) Telephone number	(Area code) Fax number	Email
Physical address (Address, City, State, ZIP code)		
Mailing address, if different than above (Address, City, State, ZIP code)		
Business description – Provide a detailed explanation of your primary business activity (exactly what your business does)		
Explain in detail why you need drive record information – Give examples and attach additional pages, if necessary		
How often do you anticipate requesting drive records <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other, how often?		
How many drive records do you anticipate requesting on a monthly basis? <input type="checkbox"/> Less than 400 <input type="checkbox"/> 400 – 1,000 <input type="checkbox"/> 1,001 – 8,000 <input type="checkbox"/> More than 8,000		
Answer the following Do you understand that you must notify DOL within 30 days of any changes to the information provided in this form? <input type="checkbox"/> Yes <input type="checkbox"/> No		

* Taxpayer identification number – For an individual, this is the last four digits of your Social Security number.
For a business, it is your federal employer identification number (EIN).

Subscribers

Redisclosure and/or selling of information Will you redisclose or sell the information to anyone else? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which will you do? <input type="checkbox"/> Sell <input type="checkbox"/> Provide to others If yes, to whom will you provide the information? Be specific, list all recipients. If yes, how do you ensure they have a permitted use under the DPPA and Washington state law? Be specific. If yes, how will you supply the information? Describe.

User contact information

1 Contract manager			
Name		Title	
Mailing address (<i>Address, City, State, ZIP code</i>)			
(Area code) Telephone number	(Area code) Fax number	Email	
2 Daily operations			
Name		Title	
Mailing address (<i>Address, City, State, ZIP code</i>)			
(Area code) Telephone number	(Area code) Fax number	Email	
Explain the relationship of this individual to your business			
3 Billing/Account			
Name		Title	
Mailing address (<i>Address, City, State, ZIP code</i>)			
(Area code) Telephone number	(Area code) Fax number	Email	
Explain relationship of this individual to your business			

Ethics of current or former Washington State employees – Provide individual's name, Washington State employee status, and relationship of the individual to your business. (*attach additional pages, if needed*)

Name	(Area code) Telephone number	WA State employee status	If former, how long ago?
Relationship to your business			
Name	(Area code) Telephone number	WA State employee status	If former, how long ago?
Relationship to your business			

Data security

Washington drive records are confidential and due to its sensitive or private nature, requires limited and authorized access. The confidentiality classification of the data determines the handling requirements for this data while it is in motion and at rest.

DOL requires security protections for drive records against unauthorized data access, disclosure and/or usage. You must use industry "best practices" regarding security and should include at minimum, the following security controls. Read each control and answer any corresponding question. (*attach additional pages, if needed*)

1. Identification – All entities to which the Contractor grants access to DOL's drive record data shall be identified by individual person's name and linked to the authorized customer firm name.
2. Authentication – All entities and individuals that are granted access to drive record data will be authenticated. If passwords are used, then strong password policies and practices must be enforced. Explain how you authenticate entities and individuals that are granted access to drive record data.

Continued on next page

Data security – continued

3. **Passwords** – What are your policies and practices relating to the use of passwords?
4. **Authorization** – Only individuals who are authorized access to drive record data will be granted that access and authorization controls will prevent all others from accessing drive record data.
Define the authorization and security controls you have in place that will prevent unauthorized individuals from accessing drive record data.
5. **Physical Security** – All information technology assets that house or process drive record data must be physically secured from unauthorized access and physical access must be tightly controlled.
6. **Audit Logs** – All accesses of drive record data will be logged with the name of person accessing the drive record data; date/time of access; driver license number being accessed; reason for access; and identity of the customer to whom the drive record information was provided, including the code assigned to the customer. The logs will be maintained for at least three (3) years.
7. **Protection from Attack** – Measures must be in place to ensure that unauthorized users cannot successfully attack information technology assets in a manner that allows drive record data to be compromised.
Identify the measures your business has in place to ensure that unauthorized users cannot successfully attack your information technology assets in a manner that allows drive record data to be compromised.
8. **Periodic Vulnerability Scanning and Penetration Testing** – Information Technology asset will be periodically scanned for known vulnerabilities and tested to see if vulnerabilities could be exploited.
Explain the steps taken to determine if your Information Technology asset detects if there are any vulnerabilities and if vulnerabilities could be exploited.
9. **Process in Place to Apply Vendor Patches** – A formal procedure must be in place to obtain, evaluate, test and install vendor-suggested security patches for all information technology assets.
What is your procedure to obtain, evaluate, test and install vendor-suggested security patches for all information technology assets?
10. **Data Dissemination** – Explain the method(s) by which your customers obtain the drive records.
11. **Data Security** – Provide additional information to describe how your business practices data security and ensures that only authorized users have access to the drive record data.
- Answer the following
1. Do you agree to protect the drive record data from unauthorized physical and electronic access? ☐ Yes ☐ No
If “no”, please explain:

Continued on next page

Data security – continued

2. Do you agree not to divulge any of the information we provide you to any third party that has not been disclosed on this Agreement Application? ☐ Yes ☐ No
3. Do you agree not to use the information for any purpose other than what is stated on this Agreement Application, or approved by us, not to sell the information, and that the information will not be used for commercial purposes by you or by any other individual or organization? ☐ Yes ☐ No
4. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact with a person named in the disclosed information? "Unsolicited business contact" means a contact that is intended to result in, or promote the sale of any goods or services to a person named in the disclosed information.. . . . ☐ Yes ☐ No

Data disposition

Check all that apply

- ☐ All copies of any data sets must be wiped from all data storage systems and media.
- ☐ All on-line access accounts must be deleted.
- ☐ All printed and hard copy materials and all non-wiped computer media containing any data must be destroyed.

Explain how the drive record data is destroyed when it is no longer needed for Contract purposes (*attach additional pages, if needed*)

Data delivery

Check all method(s) by which you expect to obtain drive records from DOL

- ☐ Secure electronic file transfer (SFTP)
- ☐ ADR monitoring
- ☐ US mail
- ☐ Rightfax (fax)
- ☐ Email

Payment considerations

If an account is established for the payment of ADRs, the parties agree as follows:

1. Contractor will provide DOL with funds deposited in their account with DOL on which DOL will deduct the cost for each ADR provided.
2. DOL will send a monthly statement to Contractor detailing the daily transactions of funds within that month.
3. **Timely Payments** – Contractor will maintain a positive balance in Contractor's account and will assure to DOL's Revenue Accounting Division that an average two (2) weeks of projected weekly service fees are deposited in advance. DOL may withhold access to ADRs under this Contract unless the Contractor has provided the necessary funds required under this Contract.

Contractors that average \$200,000 in weekly service fees in a calendar year may request a payment alternative whereby depository transfer checks are made available to DOL's Revenue Accounting Division. This option allows DOL to draw against the Contractor bank account for the amount of the previous week's service fees and does not require the Contractor to provide DOL an average two (2) weeks of projected weekly fees in advance.

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place signed

X

Contract Manager signature

Title

Printed name

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
RCW 46.52.130; 42.56

Office Use Only

Application received (date)	Received by (Driver Services)	Action taken <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date applicant notified _____
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Ethics Certification for Current Washington State Employees or Officers

Associates of the User who are currently employed by or are an officer of the state of Washington must complete this form.

User name	Services User will provide
Current state officer/ Employee name	Current state job title
Current state employer	
<p>Answer the following</p> <ol style="list-style-type: none"> 1. I am a current employee, member, manager, officer, director, and/or partner of the above-named User. <input type="checkbox"/> Yes <input type="checkbox"/> No 2. My role with the above-named User is not in conflict with the proper discharge of my official duties as a state officer or employee. <input type="checkbox"/> Yes <input type="checkbox"/> No 3. I will not receive anything of economic value under the User as defined in RCW 42.52.010 (20). <input type="checkbox"/> Yes <input type="checkbox"/> No 4. I have complied with RCW 42.52.030 (2). <input type="checkbox"/> Yes <input type="checkbox"/> No 5. The User is genuine and I will actually perform work under the User. <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Performance of the User is not within the course of my actual duties or under my direct supervision in my capacity as a state officer or employee. <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Performance of the User will not require me to reveal any confidential information or cause me to violate any state agency rules pertaining to outside employment. <input type="checkbox"/> Yes <input type="checkbox"/> No 8. The User is neither performed for nor compensated by someone from whom I am prohibited from accepting a gift (those prohibited gift givers include all persons who are regulated by DOL). <input type="checkbox"/> Yes <input type="checkbox"/> No 9. The User is not one expressly created or authorized by me in my official capacity as a state officer or employee. <input type="checkbox"/> Yes <input type="checkbox"/> No 10. The User was obtained as part of an open and competitive bid process and my bid was not the only bid received. <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If no, attach a copy of your Executive Ethics Board approval. You can contact the Executive Ethics Board at 360-664-0871 or by email at ethics@atg.wa.gov.</p>	

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place signed	X	Current state officer/Employee signature
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Ethics Certification for Current Washington State Employees or Officers

Associates of the User who are currently employed by or are an officer of the state of Washington must complete this form.

User name	Services User will provide	
Former state officer/employee name	Former position title	
State agency where last employed	Termination date (mm/dd/yyyy)	

Answer the following

1. Have you worked for Washington State ("State") within the past two years? ☐ Yes ☐ No
If "no," skip to question 7.
2. Have you worked for the State in the last year? ☐ Yes ☐ No
If "no," skip to question 6.
3. Did you, during the two years immediately preceding termination of state employment, engage in the negotiation or administration on behalf of the State or agency of one or more Users with your current employer? ☐ Yes ☐ No
If "no," skip to question 6.
If "yes," were you in a position to make discretionary decisions affecting the outcome of such negotiation or the nature of such administration? ☐ Yes ☐ No
4. Did the User or Users have a total value of more than ten thousand dollars (\$10,000)? ☐ Yes ☐ No
If "no," skip to question 6.

If you answer "yes" or are unsure about the following questions (#5-9), you must contact the Executive Ethics Board at 360-664-0871 or by email at **ethics@atg.wa.gov**.

5. Do your duties or the activities with your current employer include fulfilling or implementing, in whole or in part, the provisions of such a User or Users or include the supervision or control of actions taken to fulfill or implement, in whole or in part, the provisions of such a User or Users? ☐ Yes ☐ No
6. Do you have a direct or indirect beneficial interest in a User or grant that was expressly authorized or funded by specific legislative or executive action in which you participated while a state officer or employee? ☐ Yes ☐ No
7. Do you know or have reason to believe that the offer of employment or compensation by your current employer was intended, in whole or in part, directly or indirectly, to influence you, or as compensation or reward for your performance or nonperformance of a duty during the course of your State employment? ☐ Yes ☐ No
8. Would the circumstances lead a reasonable person to believe that you gave the offer of employment or compensation by your employer for the purpose of influencing the performance or nonperformance of duties during the course of your State employment? ☐ Yes ☐ No
9. Do your duties or activities with your current employer involve assisting another person, whether or not for compensation, in any transaction involving the State in which you participated at any time during your State employment? ☐ Yes ☐ No

"Employer" means a person as defined in RCW 42.52.010 or any other entity or business that the person owns or in which the person has a controlling interest.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place signed	<div style="display: inline-block; text-align: center; margin-bottom: 5px;"> X </div> <div style="display: inline-block; border-top: 1px solid black; width: 100%;"></div> Former state officer/Employee signature
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